OMB Number: 4040-004 Expiration Date: 10/31/2019

APPLICATION FOR FEDERAL ASSISTANCE SF-424					
1. Type of Submission: Preapplication X Application Changed/Corrected Application	e of Application: New Continuation Revision	If Revision, select appropriate letter(s) Other (specify):			
3. Date Received 01/07/2020		4. Applicant Identifier:			
5a. Fed Entity Identifier:		5b. Federal Award Identifier: DE-EE0007909			
State Use Only:	-				
6. Date Received by State: 01/07/2020 7. State Application Identifier:					
8. APPLICANT INFORMATION:					
a. Legal Name: State of Connecticut					
b. Employer/Taxpayer Identification Number (EIN/TIN): 86-1154163		c. Organizational DUNS: 108352811			
d. Address:					
Street 1: 79 Elm Street					
Street 2:					
City: Hartford					
County: HARTFORD County					
State: CT					
Province:					
Country: U.S.A.					
Zip / Postal Code: 061065127					
e. Organizational Unit:					
Department Name:		Division Name:			
Department of Energy and Environmental Protection BETP, Office of Energy Demand					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms First Name: √	/ictoria				
Middle Name:					
Last Name: Hackett					
Suffix:					
Title: Deputy Commissioner for Energy					
Organizational Affiliation: Commissioner					
Telephone Number: 8604243652		Fax Number: 8608272976			
Email: Victoria.Hackett@ct.gov					

OMB Number: 4040-004 ppiration Date: 10/31/2019

	Expiration Date: 10/31/2019
APPLICATION FOR FEDERAL ASSISTANCE SF-424	Version 02
9. Type of Applicant:	
A State Government	
10. Name of Federal Agency:	
U. S. Department of Energy	
11. Catalog of Federal Domestic Assistance Number:	
81.042	
CFDA Title:	
Weatherization Assistance Program	
12. Funding Opportunity Number:	
DE-WAP-0002020	
Title:	
2020 Weatherization Assistance Program	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Entire State of Connecticut	
15. Descriptive Title of Applicant's Project:	
PY2020 Connecticut Low Income Weatherization Assistance Program	

OMB Number: 4040-004 Expiration Date: 10/31/2019

APPLICATION FOR FEDERAL ASSISTANCE SF-424			Version 02			
16.Congressional District Of:						
a. Applicant: Connecticut Congressional District 01	b. Program/Project:	CT-Statewide				
Attach an additional list of Program/Project Congressional Districts if needed:						
17. Proposed Project: a. Start Date: 07/01/2020	b. End Date:	06/30/2021				
18. Estimated Funding (\$):						
a. Federal 3,694,901.00						
b. Applicant 0.00						
c. State 0.00						
d. Local 0.00						
e. Other 0.00						
f. Program Income 0.00						
g. TOTAL 3,694,901.00						
19. Is Application subject to Review By State Under Executive Order 12372 Process?: a. This application was made available to the State under the Executive Order 12372 Process for review b. Program is subject to E.O. 12372 but has not been selected by the State for review. C. Program is not covered by E.O. 12372						
20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation) No						
21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to						
IAGREE						
** The list of certifications and assurances, or an internet site where you may obtain agency	this list, is contained in the a	nnouncement or				
Authorized Representative:						
Prefix: First Name: Victoria						
Middle Name:						
Last Name: Hackett						
Suffix:						
Title: Deputy Commissioner						
Telephone Number: 8604243652	Fax Number: 8608	272806				
Email: victoria.hackett@ct.gov						
Signature of Authorized Representative:		Date Signed:				
Authorized for Local Reproduction			Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102			